

AN INVESTIGATION INTO THE EFFECTS OF THE
DEMENTIA POPULATION UPON THE
NON-DEMENTIA POPULATION
IN A WORSHIP SETTING

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ABSTRACT

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The purpose of this project was to investigate the effect of persons with dementia upon those who do not have dementia as they are together in worship at Bethany Village in Dayton, Ohio. The methodology involved personal interviews of the non-dementia worshippers to gather their thoughts, feelings, and opinions about those with dementia, issues of separation and segregation, and those with dementia worshipping with them. The results indicated that these persons with dementia do not have a negative effect upon worship and that, when they have an ongoing relationship with the other worshippers, their presence enhances the community of faith.

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This writer is also thankful to the residents and staff at Bethany Village in Dayton, Ohio who provided so much cooperation and help in the study. Finally, this writer is indebted to his family members: wife, Jamie, daughter, Kris, and son, Kyle, for their great patience and understanding while working on the project and other degree requirements.

DEDICATION

This work is dedicated to the Glory of God. Secondly, this work is dedicated to the residents of Bethany Village in Dayton, Ohio. Finally, this work is dedicated to these people who have provided so much support and understanding to the writer: Jamie Ashburn, Kris Ashburn, Kyle Ashburn, Robert and Svea Ashburn, James and Margaret Brown, and Jason Miller.

INTRODUCTION

The purpose of this work was to investigate the ways in which the members of the community of faith at a Continuing Care Retirement Center are affected by the presence of those who have Alzheimer's disease or other dementias during worship services. The data in this study was acquired through personal interviews of twenty-six residents of the community who have not been identified with any form of dementia. These persons each took part in an interview which consisted of open-ended questions about the topics of dementia, separation, and spirituality. The researcher then used this raw data to determine and classify the responses which were made so as to come to conclusions about the study.

Chapter One consists of background material about the writer. His own personal story about the experiences which he has had during his years of ordained ministry shows how God has led him into this ministry with, to, and for older adults. Other experiences where there have been those who have not been accepted in the setting of worship have called him to ask the question of whether there may be acceptance in worship for those with Alzheimer's disease or other dementias in the Continuing Care Retirement Center.

Chapter Two gives an introduction to spirituality and aging as they apply to the issue of acceptance of others. The most significant issue is ageism, which is a bias against others simply because they are old. This affects every older adult in just about every setting. The writer also investigates the spiritual crises of aging and shows how the issues

of living longer in today's world bring about a greater time period for dealing with the issues of old age and death.

Chapter Three addresses the foundations upon which this ministry and this study are based. These begin with an understanding of how the Hebrew Bible and the New Testament face the issues of the elderly. This continues with a look at the traditional and modern theological understandings of the elderly and of aging. Finally, there is an investigation of how spiritual issues have been faced in the field of gerontology in the past twenty-five years. The writer sees how the introduction of issues which are spiritual into the general understanding of aging have produced an impact upon the nursing home industry and senior adult housing industry.

Chapter Four explains the methodology used in this research. The problem statement, proposed hypothesis, and the research methods employed to test the hypothesis are addressed. Research questions are identified as that which will guide the field study. Several questions to be used in the interviews are elaborated for the purpose of drawing out narrative material from each of the respondents.

The final section of this chapter deals with the methodology of the active ministry which is being performed by this writer. This in particular outlines the ways in which he influences the community of faith through a ministry of preaching and visitation.

Chapter Five gives the results of the field experience. This is done through an analysis of the responses from those who were interviewed. Classifications of the responses concerning dementia, concerning separation or segregation, and concerning dementia residents at worship services were made and three narrative examples are given.

Chapter Six gives reflections, summary, and conclusions. An analysis of strengths and limitations of the study is also made in this section. Finally, there are recommendations and further questions which are brought up as a result of this study.

CHAPTER ONE

MINISTRY FOCUS

This writer is a pastor in the Evangelical Lutheran Church in America and has been led by God to a specific ministry with, to, and for older adults. He began his ordained ministry in 1982 in Dayton, Ohio as the Associate Pastor of Trinity Lutheran Church on North Main Street. He was assigned to ministry areas of youth and senior citizens, then discovered for himself that, despite a much closer age to the youth, he felt more comfortable with the senior citizen ministry, which was called the “Trinity Active Citizens.” One day, early in his ministry at Trinity, he received a letter of invitation from the Maria-Joseph Health Care Center because they needed help with a spiritual program for their non-Roman Catholic residents. When this writer responded to that invitation, it marked the beginning of a new and exciting ministry for him.

At the Maria-Joseph Health Care Center, this writer led Bible Study sessions, presided at services of Holy Communion, and visited the residents in their rooms. In these residents of a Roman Catholic nursing care center, he found a faith and acceptance that he did not find in the congregational ministry of the Lutheran Church. When he left Trinity Lutheran Church in 1984 to pursue further graduate studies at Princeton Seminary, he did not know if he would be continuing in congregational ministry or would engage in a specialized ministry of the church, but the needs of the church at the time were for pastors who would be willing to serve congregations in troubled areas.

One of those troubled areas was Pittsburgh, where a group of pastors and lay leaders had begun a ministry called “Denominational Ministry Strategy.” Their strategy was to get the attention of the people they felt had power and control in Western Pennsylvania. They used violent and disruptive tactics to call these leaders to see that people in the Pittsburgh Metropolitan Area were hurting because of the closing of the steel mills and other industries that had initially brought great prosperity to the area. One particular congregation that had been in the middle of this “Denominational Ministry Strategy” was St. Luke’s Memorial Lutheran Church on Federal Street on the North Side of Pittsburgh. Congregational leadership was not supportive of the work which that group was doing. The previous pastor was one of the active members of that group, so when he left they were seeking a pastor who would not get involved with that group. In the summer of 1985, this writer was called to be the pastor of that congregation and found out quickly that the needs of the congregation were not to have a ministry of political action but rather to have a ministry to the senior citizens of the church and of the community. There was enough to do in a senior citizen ministry so that he never was tempted to engage in that political ministry, yet that group never stopped contacting and inviting the pastor and the congregation towards political action involving their strategies.

There were two main reasons why a senior citizen ministry was so important to that congregation. The first was the changing nature of the neighborhood near the church building. The young white families were moving out of Pittsburgh because of the reputation of the Pittsburgh schools and they were being replaced by young African-American families who couldn’t afford to move out of the city. This meant that the only white residents of the community near the church building were senior citizens. The

white congregation was not receptive towards African-Americans in their ministry setting, so they limited their ministry to those white senior citizens in the community. This could be seen in the regular monthly meetings of the Senior Citizen's Fellowship Group which averaged some two hundred or more participants, while the Sunday morning worship attendance averaged only about one hundred persons.

The second main reason for the importance of a senior citizen ministry in this congregation was the presence of a senior citizen high rise apartment building less than a block away from the church building. This enabled seniors who could no longer manage or afford their homes in the neighborhood to stay in the neighborhood in subsidized housing. Over ninety percent of the residents of this high rise were white residents and this enabled the congregation to reach out to the residents of that building. As a result of this, there was a great opportunity for success with a senior citizen ministry in this congregation. It was for these reasons that the congregation and this writer were involved in a thriving senior citizen ministry at this location.

While in Pittsburgh, this writer was also involved in a nursing home ministry, at the Sky Vue Terrace Nursing Care Center several miles from the church building. This ministry was shared with several of the other Lutheran pastors in the area, so the involvement was only for about an afternoon per month. The pastoral activities were the same as in the setting at Maria-Joseph: leading Bible Study sessions, presiding at Holy Communion, and visitation in resident rooms. It remained a very enjoyable pastoral activity for this writer at that time.

In 1992, this writer was called to be the pastor of Peace Lutheran Church in Sarasota, Florida. Little did he know that this congregation was filled with conflict and

strife. Within one year, a conflict resolution team was called in to help with the situation and one of their recommendations was that the pastor become more involved in a community ministry where he did not have to face the conflict situation of the church. He chose a ministry at a local nursing home, called the Kensington Manor Nursing Care Center. In this location, he worked with a retired United Methodist Minister, the Reverend Bob Hayes, and they shared a ministry of leading Bible Study sessions, services of Holy Communion, and visitation to residents in their rooms. When Pastor Hayes left this ministry due to illness, this writer found out that more and more of his time was being spent at the nursing home. At this same time, as a result of the conflict within the congregation and the large debts that the congregation had for many years, it was determined that the congregation could not be self-sufficient, so a decision was made to close the congregation. When the congregation offered this writer a nine month severance package in 2003, he took the opportunity to engage in a Clinical Pastoral Education residency which would enable him to go into the specialized ministry fields as an endorsed pastor of the Evangelical Lutheran Church in America. His goal at that time was that he would become a full-time chaplain at a nursing home.

That goal was realized in 2005 when he was called to be the Director of Pastoral Care at Bethany Village in Dayton, Ohio. Bethany Village is a ministry of Graceworks Lutheran Services, one of the affiliated ministries of the Lutheran Church that serves Southwestern Ohio. The campus is on one hundred acres near an interstate exit, which makes it very convenient for residents, family members, and staff. There are over seven hundred residents who live on this campus and they are divided between cottages and apartment buildings for those who are independent, as well as assisted living,

rehabilitation nursing home care, long term nursing home care, and “memory support” nursing home care.

Bethany Village is in the beginning of construction of a major expansion, which will bring additional independent residents to campus through the construction of villas and another apartment building. As a part of this expansion, the “memory support” units will have a new building to be constructed with their special needs in mind. Also, there will be a new Village Center which will house a new exercise center, auditorium, and meeting rooms. Construction of these new additions will begin in 2008.

This writer serves as the chaplain to the Bethany Village community, spending most of his time in the area known as “Linden House,” which contains the nursing care units and is the home to over two hundred and sixty residents. In addition to these chaplain responsibilities of visitation to those who are facing a spiritual crisis, this writer also leads Bible Study sessions on the units and has a ministry of presence at the many community activities that are available to the residents each month.

Sunday mornings bring about an additional responsibility to lead worship, preside at Holy Communion, and preach in two regularly scheduled morning chapel services held in the campus auditorium. One of the goals of these worship services is to have the experience be as much like previous church experiences for the residents as possible so that they will have their spiritual needs met through coming to the chapel services. In meeting this goal, which has been supported by the administration of Bethany Village, the auditorium itself has received a facelift in the last two years. This large room has changed from a place where residents saw a linoleum floor with permanent markings for shuffleboard and walls which were bare to a setting of a beautiful wooden floor and walls

covered with church banners. This enables the worship setting to be more church-like and allows for the residents to have the same type of spiritual experience that they would have at their local congregation. This is why whoever leads the worship service on a given Sunday wears the church robes for the liturgical setting and why there is organ music to support singing in the chapel service.

As a result of this, the chapel services have been very well attended by the Bethany residents. The great success of this program is seen in the fact that on the average Sunday about thirty of Bethany's independent residents attend the chapel service. Many of these persons drive from their cottages to the Linden House auditorium and they choose to worship there rather than driving across the street to the Lutheran congregation or just a few more blocks to the Presbyterian, Baptist, or Independent congregations which are nearby.

In addition to the effectiveness of the chapel program for the independent residents of Bethany Village, it has also proved successful for the "memory support" residents of Bethany Village. These persons are living in two secured units in the Linden House and the usual census is fifty-five persons. On an average Sunday, about twenty of these residents come to the worship services. These residents, because they live in a secured area, cannot come on their own, but rather come with staff members from the Life Enrichment Team (known in many nursing home settings as "Activities Department") or with family members. These residents sit as a group supervised by the Life Enrichment Coordinator and a Resident Care Technician (known in many nursing home settings as a "Nurse's Aide") and are present near the back of the auditorium. A diagram showing the

set up of the auditorium for worship services as well as the location of the “memory support” residents during the worship service is in Appendix A.

The chief issue is that the residents pass by or through the group of “memory support” residents on their way to their worship seats. Because of elevator limitations, this group of “memory support” residents begins to come early to worship and thus many of them are present before the rest of the residents arrive. This writer seeks to investigate the effect that this situation has on the residents who attend worship.

Two experiences in the life of this writer have shown him that there is a great reluctance to having those who are “different” as a part of a worshipping community. The first experience took place in the congregation in Pittsburgh when a man with mental illness began to attend the Sunday morning worship services. This man, named John, came unannounced one Sunday and disrupted the worship service in an attempt to sit near the front of the church. This became a pattern for him as he came late to church just about every Sunday and wanted to sit near the front of the church. John lived in a personal care home within a block of the church building. He was very willing to share with all those who would listen that he had a mental illness, that he had had both surgery and electric shock therapy to help him, and that he now was taking many medicines. This writer watched with horror as the members of the congregation did everything they could do to discourage John from attending the church services. They ignored him for several weeks and he continued to come back to worship. They told him to stay away and he continued to come back to worship. The reason behind the discouragement of someone coming to worship by these otherwise fine Christian men and women was that John was different: he would not only disrupt the worship service by being late almost every Sunday, but he

would also blurt out comments occasionally during the sermons and the prayers. This writer heard from the membership of the congregation that this type of behavior was not tolerated and, since he could not stop those behaviors, he needed to be stopped from attending the church services. As the experience continued, John never did stop coming, partly because he always received a warm welcome from this writer and some of the other church leaders. Finally, after several years of not going away, he was welcomed into the fellowship times of the church, invited to congregational dinners, and worried about when he did miss worship services.

The second experience is a personal one which has shown this writer that there is a great reluctance to having those who are “different” attend worship services. While serving the congregation in Sarasota, this writer had a son who was born in 1995 and that son was diagnosed with autism in 1998. Persons with autism do not behave with the same conventions that typical persons behave. Social behaviors especially are different or missing altogether for those with autism and thus they do not fit in with societal norms of public behavior. There was never any question, based especially on the promises that were made at his baptism, that this writer’s son would attend worship in the congregation. Thus, this child attended the 11 AM Sunday worship service, which was a contemporary liturgical worship service in the Lutheran tradition. Many visitors were attracted to this service as compared with the 9 AM classic Lutheran worship service, yet it was noted by both this writer and by congregational leadership that these visitors often did not return to the 11 AM worship service but they did return to the 9 AM worship service. The conclusion that was made by the leadership was that this writer’s son was causing visitors not to return to worship. There was even one church leader who stated that she also could

no longer attend worship at that time because of the distractions offered by a person with autism at the worship service. This reaction was instrumental in the decision made by this writer to pursue specialized ministry, so that this writer's son would not be attending worship in the congregation that was being served by his father.

These two experiences have shown this writer that there is a bias against those who behave differently while attending worship services. Persons with Alzheimer's or other forms of dementia certainly fit into that category of behaving differently, many because they do not remember the societal norms for behavior. With this background in mind, this writer wants to know what is happening in the context of ministry at Bethany Village. How much are the "memory support" residents a distraction or a concern to the other residents who attend worship? Would Sunday morning attendance increase if the "memory support" residents do not come regularly to worship? Would people feel better about attending worship if they do not have the chance of disruptive behavior from those "memory support" residents?

Thus, the ministry focus of this project is an investigation into the issues of the presence of these "memory support" residents in the regular worship services of the community. This will be a study for this particular community of residents who worship together at this time. It will also be a personal study for this writer, who will investigate if the previous experiences, which have so marked his ministry, are common to most other worshipers, even in the setting of a Continuing Care Retirement Center, or if there were only a few vocal members of those communities who influenced others.

CHAPTER TWO

STATE OF THE ART IN THIS MINISTRY FOCUS

Ageism

The most significant issue in ministry with, to, and for the elderly is the issue of ageism. Ageism is the bias against those who are old simply because they are old. This particular word and concept were first brought to the public in 1975 by Robert Butler in his famous work *Why Survive?* and this issue still dominates reality for older adults.¹ A 2006 report by the same Robert Butler tells us that ageism continues in the United States in economic ways that affect elders, in scapegoating elders, and in stereotyping elders.² According to Butler, “Most older persons report that they have experienced ageism, and although polls do not reveal the frank personal expressions of prejudice by the population at large, ageism remains embedded within the nation’s institutions with de facto discrimination in the workplace, health care, language, and in the media.”³ Among the most common stereotypes are the “crotchety old man and sweet old granny, the senile fool, the whiner, the conniver, the miser, and the vegetable.”⁴ Whatever the

1. Robert Butler, *Why Survive? Being Old in America* (New York: Harper & Row, 1975), 12-13.

2. Robert Butler, *Ageism in America* (New York: International Longevity Center-USA, 2006), 3.

3. Ibid., 19.

4. Ibid., 23.

characterization, the message is clear: older persons are incompetent and a burden to society, deserving only pity and contempt from the rest of society.

There is an identified way that younger persons speak to older people that has been called Elderspeak.⁵ Some elements of Elderspeak are exaggerating words, changing the length and complexity of sentences, speaking more slowly, repeating or paraphrasing what has just been said, using terms like “honey” or “dear,” and using statements that sound like questions.⁶ This is seen as a negative when it is also called “Secondary Babytalk,” yet it is also seen as positive when elders respond better to this form of speech.⁷ Some researchers have even attempted to sort out the positive from the negative in order to encourage the use of the positive aspect of this form of communication.⁸ In fact, researchers have identified that the motives concerning why younger persons use this Elderspeak are not negative at all, rather for the reasons of improving communications and to express care and concern.⁹ Further studies have shown that many older adults respond to Elderspeak knowing that it is both a sign of warmth and a sign of superiority from the speaker.¹⁰ With this understanding, we see that ageism comes into

5. Kees de Bot and Sinfree Makoni, *Language and Aging in Multilingual Contexts* (Clevedon, UK: Multilingual Matters LTD, 2005), 16.

6. Merrill Advanced Studies Center, “Get the Facts on Aging: Elderspeak or How to Talk with Older Adults, especially in Nursing Homes,” *Merrill Advanced Studies Center Online*; available from <http://merrill.ku.edu/IntheKnow/sciencearticles/elderspeak.html>; Internet; accessed 7 August 2007.

7. de Bot and Makoni, *Language and Aging*, 21.

8. Susan Kemper and Taylor Harden, “Experimentally disentangling what's beneficial about elderspeak from what's not,” *Psychology and Aging* 14 (1999): 656-670.

9. de Bot and Makoni, *Language and Aging*, 25.

10. B. P. O'Connor and E. S. St. Pierre, “Older persons' perceptions of the frequency and meaning of elderspeak from family, friends, and service workers,” *International Journal of Aging & Human Development* 58 (2004): 197-221.

play even with the best intentions, because it shows the older person that the younger person sees the elder as an inferior.

When the elderly have to face this ageism every day, it has an impact on their physical health, their psychological and emotional health, and their spiritual health. Ministry to the elderly cannot be blind to this ageism, nor to the spiritual affects of ageism upon all elderly persons. As Eugene Bianchi has stated, “A spirituality of aging calls for the courage of facing not only our own personal diminishments, but also the social network of oppression toward which we are both accomplices and opponents.”¹¹

Mary Pipher has argued that “many old people live in segregated communities.”¹² She claims that much of the social sickness in American culture is due to the fact that we group people by age. She points to the noxiousness of adolescent peer culture and also the cultures of isolated day-care centers and senior citizens’ homes.¹³ She points out that the segregation is not only by place but also “by interests, by history, by physical health, by attitudes about mental health, and by shared trauma.”¹⁴ This means that because they have been so segregated, it is easy for the rest of the people to avoid the elderly. Then, because it is easy to avoid them, the amount of segregation becomes greater. This brings about not only segregation, but also isolation, which contributes to the darkness of aging.

In their book, *Aging: The Fulfillment of Life*, Henri Nouwen and Walter Gaffney see hope in aging rather than despair caused by the rejection which comes with the results

11. Eugene Bianchi, *Aging as a Spiritual Journey* (New York: Crossroad Publishing, 1984), 152.

12. Mary Pipher, *Another Country: Navigating the Emotional Terrain of Our Elders* (New York: Riverhead Books, 1999), 18.

13. Ibid.

14. Ibid., 19.

of ageism.¹⁵ Their reason is that aging is “not a slow decaying but a gradual maturing, not a fate to be undergone but a chance to be embraced.”¹⁶ Yet they also describe ageism in their own terms of rejection: “rejection by society, rejection by friends, and rejection by our inner self.”¹⁷ These three factors of segregation, desolation, and loss of self are the darkness of aging, yet darkness is countered by the light of aging, which is seen in hope, humor, and vision. “One way of describing the way to the light is to call it a slow conversion from wishes to hope.”¹⁸ In this way, they are not overwhelmed by the issues of ageism and they do not deny that these issues are real.

The Spiritual Crises of Aging

This understanding of aging in terms of both the positive and the negative aspects of aging is an important understanding for ministry with, to, and for older adults. Growing older does not mean that only good will take place, nor does it mean that only bad will take place. This is as true for someone who is a teenager as for someone who is an octogenarian. There are dangerous opportunities for teenagers as they grow older, especially as seen by adults looking at the risks of driving, the risks of sexual freedom, and the risks of drug and alcohol use. These crises are dealt with often in youth ministry. In the same way, there are dangerous opportunities for older adults as they age, especially

15. Henri J.M. Nouwen and Walter J. Gaffney, *Aging: The Fulfillment of Life* (Garden City, NY: Image Books, 1974), 19.

16. *Ibid.*, 20.

17. *Ibid.*, 29.

18. *Ibid.*, 68.

seen by family members looking at the risks of driving, the risks of losing supportive relationships, the risks of disease and use of medicines in dealing with disease, and the risks of death and dying. These crises are important to deal with in older adult ministry.

One of the spiritual crises that faces most typical older adults often comes with retirement. This is the first time that many adults have the gift of time for more than just a few weeks of vacation. What is the person going to do with this gift of time? There are opportunities in finishing up all of the unfinished work which has accumulated over a lifetime, there are opportunities in beginning a new vocation (paid or volunteer), and there are opportunities in travel and education. Each of these opportunities brings with them the dangers of making the wrong choices; yet following through on these opportunities is done to fulfill a human need for meaning and purpose. As David Moberg writes, “The need for meaning and purpose relates closely to the deeply ingrained desire to maintain one’s personal dignity and self-esteem.”¹⁹ The decisions that are made to fulfill this need are satisfied at the spiritual crisis point of post-retirement for most typical older adults.

Another spiritual crisis that faces most older adults concerns the issue of loss. Moberg identifies many of these losses in two lists: “one’s youthful appearance, adult strength, general healthfulness, and independence” as well as “loss of a spouse, possessions, a driver’s license, and social roles at work, in the community, in organizations like the church, and in the family.”²⁰ He further states that “All of these

19. David O. Moberg, *Aging and Spirituality: Spiritual Dimensions of Aging Theory, Research, Practice and Policy* (New York: Haworth Pastoral Press, 2001), 162.

20. Ibid., 164.

have spiritual as well as economic, psychological, and sociological implications.”²¹ This spiritual crisis can be summed up in the question: How is the person going to deal with all of the losses in life? The answer is that each person faces the grief process in a different way and that the grief process can help each one to grow even in the midst of loss. This spiritual crisis is a crisis that may repeat itself because the losses continue with age, yet if the person discovers a way to deal with loss, then it does not become a new crisis with each loss.

A spiritual crisis for older adults that goes beyond the issue of loss concerns the issue of disability. This crisis does not face every older adult, yet this likelihood of facing disability increases with age. The crisis that concerns disability is seen in two ways. First, in addition to the greater loss of bodily control, there is also a loss of social status with disability. As stated by Fritson and Kabue, what “most disabled people around the world do share in common is the experience of being discriminated against. We have been marginalized by patronizing and paternalistic attitudes, made the objects of ridicule and fear, or just ignored and left out.”²² This is over and above the discrimination of ageism, which has already been mentioned as bringing about spiritual issues. Now, in addition to this factor, there is a second part concerning disability and that is the issue of care. It is a spiritual issue for each disabled older adult to face the question: Who will take care of me? The possibilities for answers to this question take into account personal financial resources, family members and their attitudes, including their resources of time, money,

21. Ibid.

22. Arne Fritson and Samuel Kabue, *Interpreting Disability: A Church of All and for All* (Geneva: WCC Publications, 2004), 24-25.

and housing space, and community resources. This spiritual crisis is another one that may repeat itself because the needs for care and especially for more specialized care do increase with age. Some elders have discovered that one way to deal with the outward aspects of this situation is to enter a Continuing Care Retirement Center, in which all levels of care are provided by the same institution, thus eliminating the need for physically moving from one institution to another as the needs for care increase. However, this is a possibility for only those of certain financial resources and others will continue to face this crisis as the disability levels increase along with the need for further care.

A final spiritual crisis that faces many older adults concerns the issue of value. Here is the question: What is my life worth? Moberg has dealt with this issue in his descriptions of the “Need to Be Useful” and the “Need for Love and Relatedness,” as well as in his section about the “Need for Meaning and Purpose.”²³ In striving to meet these human needs, each older adult faces ageism and so much more. There are personal spiritual issues about the balance between “being” and “doing.” As William Thomas has explained, “One of the most important freedoms offered by modern society is that we are entitled to adjust and readjust the proportions of doing and being that suit us best.”²⁴ But the more disabled an older person becomes, the less “doing” is possible. Especially in a society that values work and doing things, the older adult who cannot work nor do too many things begins to feel a certain worthlessness. This is the issue that faces spiritual

23. Moberg, *Aging and Spirituality*, 162-165.

24. William H. Thomas, *What are Old People For? How Elders Will Save the World* (Acton, MA: Vander Wyk and Burnham, 2004), 190.

providers, family members, and caregivers as well, when those persons are called upon to challenge the conclusion that many people make nearing the end of their lives that such a life is worthless. All who provide spiritual help to others need to confirm that every human life is valuable to our world and to our God.

Living Longer and the Inevitability of Death

The life expectancy of persons throughout the world, especially in the developed world, has increased greatly over the past century. In the United States, life expectancy at birth had “increased from forty-seven years in 1900 to approximately seventy-six years” in 1998.²⁵ Because Americans are living longer, they are faced with the challenges of aging in greater numbers than ever before. These challenges include the spiritual challenges of aging, which begin with an avoidance or denial of the reality of aging. As Rowe and Kahn state, “Modern society, perhaps especially American society, seems to regard aging as something to be denied or concealed.”²⁶ This can be seen in the words used in titles of books on the topic of aging: *Successful Aging*, *Healthy Aging*, *Aging Well*, *Younger Next Year*, *Ageless*, *Aging with Grace*, as well as a book actually titled *The Denial of Aging*.²⁷ There are also many products for sale which give people the hope that they can stay younger longer, such as skin creams to deal with wrinkles, hair color products to cover up the gray hairs, and vitamins and minerals which promise an end to

25. John W. Rowe, and Robert L. Kahn., *Successful Aging* (New York: Pantheon Books, 1998), 4.

26. Ibid., 48.

27 Amazon.com, “Amazon.com: aging,” *Amazon.com* [Search Results on-line]; search of books on “aging” on <http://www.amazon.com>; Internet; accessed 1 February 2007.

the aging process in our bodies. The conclusion offered by Rowe and Kahn is “The implication of all this information and misinformation is that the ultimate form of successful aging would be no aging at all.”²⁸ Yet the alternative to aging is death and people do seem to be more afraid of death than of aging, since there has been so much more written about the fear of death than about the fear of aging.²⁹ Thus, the spiritual challenge that faces each human being as he or she ages is to find a balance between the fear of death and the fear of aging.

This need for such a spiritual balance is best illustrated by Meader and Henson, who write, “It is clear that we have now become a great deal like the Greek hero Tithonus, who craved an unending life and asked the gods for immortality. They grant his wish – but upon achieving it he realized to his great horror that he had neglected to ask also for eternal youth. He simply grew older and more frail, in a never-ending nightmarish whirlpool of immortality.”³⁰ Human beings do not want to die, yet they do not want to become more and more disabled through the aging process. As Meader and Henson conclude, “While attempting to feel good about ourselves by escaping death, we sometimes reach the point in our old age of fearing that it will not come soon enough.”³¹ That is how Hendricks also describes the spiritual dilemma of death and old age, as seen by both the Bible and most older people: “Death is an enemy, a curse. Death is also a

28. Rowe and Kahn, *Successful Aging*, 48.

29. Ernest Becker, *The Denial of Death* (New York: Free Press Paperbacks, 1973), 12.

30. Keith G. Meader and Shaun C. Henson, “Growing Old in a Therapeutic Culture,” in *Growing Old in Christ*, eds. Hauerwas, Stoneking, Meader, and Cloutier (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2003), 98.

31. Ibid.

blessing, a release.”³² Seeing death as the solution to the problem of growing older becomes an alternative to fear of aging and denial of aging. This is a spiritual maturity which seems to be reserved for the elderly to truly understand.

Richard Griffin, the former Catholic chaplain at Harvard University, writes about his journey with a life-long disability and how he has faced the further disabilities of old age. “Now in early old age I find personal disability easier to deal with.”³³ He acknowledges that his spirituality is unique, yet he explains that he continues to grow in an understanding of spirituality in a way that all can grow: “Age somehow establishes a perspective that assigns relative importance to things.”³⁴

Old age is a time of preparation for death, although few make the actual preparations, despite many warnings from the body itself. As stated by Nuland, “Of hundreds of known diseases and their predisposing characteristics, some 85 percent of our aging population will succumb to the complications of one of only seven major entities: atherosclerosis, hypertension, adult-onset diabetes, obesity, mental depressing states such as Alzheimer’s and other dementias, cancer, and decreased resistance to infection.”³⁵ “These seven make up the posse that hunts down and kills the elderly among us. For the vast majority of those of us who live beyond middle age, they are the horsemen of death.”³⁶ When older Americans hear the horsemen coming, they seek

32. William L. Hendricks, *A Theology for Aging* (Nashville, TN: Broadman Press, 1986), 21.

33. Richard Griffin, “Enlightenment through Losses and Limits: Spirituality and Disability”, *Aging and Spirituality* 10 (Winter 1998): 2.

34. Ibid.

35. Sherwin B. Nuland, *How We Die* (New York: Alfred A. Knopf, 1994), 78.

36. Ibid.

medical care and they do so in a greater proportion than the rest of the population. In 1992 when Moody was struggling with the ethics of an aging society, he stated, “While those over 65 comprise 12 percent of the population, health care spending for aged people now approaches one-third of all health care expenditures.”³⁷ This shows that older people want to treat these killer diseases and they are willing to spend their money and society’s money to keep death away. Since spending habits often tell of personal priorities, this suggests that the priorities are to keep death away rather than attempting to prepare for death.

In attempts to avoid aging and avoid death, there have been many studies about the aging process and many theories which attempt to explain the reasons for aging, with the hope that the process can be delayed for human beings. Klatz and Goldman place these theories of aging into two groups: the programmed and the accidental.³⁸ According to these authors, there are four principle theories of aging.³⁹ The first one is called the “Wear and Tear Theory,” with the basic premise that the organs and cells of the human body are subject to use and abuse and they can handle only so much before they cannot function any longer. A second theory is called the “Neuroendocrine Theory,” which is an extension of the “Wear and Tear Theory.” This theory focuses on the hormones in the body and thus the effects of aging can be countered by hormone replacement therapies. A third theory is the “Genetic Control Theory.” In this theory, there is a planned

37. Harry R. Moody, *Ethics in an Aging Society* (Baltimore: Johns Hopkins University Press, 1992), 2.

38. Ronald Klatz and Robert Goldman, *Stopping the Clock* (North Bergen, NJ: Basic Health Publications, 1992), 19.

39. Ibid, 19-30.

obsolescence in everyone's genetic programming. The fourth theory is the "Free Radical Theory." Here the accumulation of free radicals, which are essential to chemical reactions in our bodies, brings about the demise of the body, most especially damaging our cells and attacking collagen and elastin in the human body. This process is compared to the rusting of metals, which brings about weakness over time.

Another theory that does not make the top four of the above authors is the "Disposable Soma Theory." This theory is championed by Tom Kirkwood in understanding the science of aging.⁴⁰ He concludes that aging "is likely to happen because genes treat organisms as disposable: they invest enough in maintenance to enable the organism to get through its natural expectation of life in the wild environment in good shape, but more than this is a waste."⁴¹ Kirkwood argues that there is not one process in the human body that brings about aging, but rather there are many processes that are involved. He proposes a "network theory" in which "free radicals, antioxidants, faulty proteins, scavenging enzymes and mitochondrial DNA mutations" are all involved.⁴² He believes that "the combined model could explain much more of the data than any single process could do on its own."⁴³

Following the "Disposable Soma Theory" brings about the understanding that there is no one magic pill to counter the effects of aging, although there may be some small successes in doing so through a focus on just one part of the network of bodily

40. Tom Kirkwood, *Time of Our Lives: The Science of Human Aging* (New York: Oxford University Press, 1999), 71-72.

41. Ibid., 79.

42. Ibid., 116.

43. Ibid.

processes that are involved. It also allows for the human being to understand that there is no way to avoid aging, just as there is no way to avoid death.

Literature Search on Particular Focus

Several searches of literature were made in order to discover others who had done similar studies. One search was through the Research in Ministry database provided by the American Theological Library Association.⁴⁴ The following keywords were used: aging, dementia, Alzheimers, worship, and inclusion. This search provided no results of similar studies.

Also, searches were made through the databases provided by the Washington Centerville Public Library in November and December of 2006. The databases that were queried in these searches were the Master File Premier database, the Academic Search Premier database, the Alt HealthWatch database, the Educational Resource Information Center database, the Health Source: Nursing/Academic Edition database, the Religion and Philosophy Collection and the Sociological Collection database provided by EBSCO Information Services.⁴⁵ The same keywords were used as with the Research in Ministry database noted above. These results provided the researcher with many exciting tangents but there were no results of similar studies found in any search.

44. ATLA, "Online MARC Catalog," *ATLA online* [Search page online]. Available from <http://rim.atla.com/scripts/starfinder.exe/0>; Internet; Accessed 4 November 2006 through 17 August 2007.

45. EBSCOhost Databases, "EBSCO Host: Basic Search," *EBSCOhost online* [Search page online]. Available from <http://web.ebscohost.com.proxy.oplin.org/ehost/search?>; Intranet; Accessed 4 November 2006 through 28 December 2006 through the Washington Centerville Public Library.

CHAPTER THREE

FOUNDATIONS

Introduction

The understanding of spirituality and aging from the Christian perspective needs to begin with the foundational documents and teachings of the church. The Hebrew Bible brings to us the perspective of the ancient people who had a relationship with one God. The New Testament gives to us an understanding of how the new factor of God present on earth makes a difference for persons as they age. Christian dogma and the theology of the church throughout its history allow us to see how God and older persons relate to one another. Because the problems that arise when a majority of the population face old age are a relatively new, the history of the past fifty years as it relates to issues of aging will tell us about growth in this new field of spirituality and aging. What follows summarizes the writer's own research into this field and will allow for a better understanding of the issues at hand.

The Elderly and the Hebrew Bible

An understanding of the value of the elderly for the ancient people of Israel comes from both commandment and narrative in the Hebrew Bible. An example of the commandment is Leviticus 19:32, which this researcher has translated as: "You shall rise before those with white hair and honor the ones who are old; and you shall fear your

God: I am the LORD.” This commandment is in the context of many rules and regulations that govern the people of Israel. Immediately before this commandment is a warning to the people to avoid mediums and wizards, while immediately following this commandment is an instruction about how to treat the foreigner in the land. Clearly these commandments are not organized by category but rather are lists of rules and regulations for the people of Israel. This commandment concerning the elderly here in Leviticus uses a different Hebrew word than is used in Exodus 20:12, the commandment which tells us to honor our parents, but the word used here (Hebrew root: HDR) has a parallel meaning. Among the thirty times it occurs in the Hebrew Bible, it is also paralleled with the words “glory” and “beauty,” suggesting that there is a high value to those who are old when the word is also used here.

Further understanding of the value of the elderly for the people of Israel comes from the use of the word “elders” in the narratives, especially those in the book of Exodus. This word occurs in this type of usage over 100 times in the Hebrew Bible and the parallel to “elder” is often “leader.” This shows that God is willing to entrust the people of God into the care of leaders like Moses, Aaron, Miriam, and Joshua and God is willing to entrust them into the care of the older persons of the community.

A challenging narrative to understanding the role of the elderly for the people of Israel comes is 2 Samuel 19: 31-39. This is the account of the visit of the elderly Barzillai the Gileadite to the king of Israel. Barzillai was eighty years old and he was wealthy, so he provided for the king during part of the travels. When the king invited Barzillai to come to Jerusalem to be one of his advisors in his court, Barzillai responded by saying that he was too old, unable to tell for himself what pleases him, unable or

unwilling to listen to entertainment, and he simply wanted to go home and die. This very discouraging outlook is then confirmed by the king, who agrees with him and then substitutes another to be in the king's court. The question is whether or not the king is agreeing with him simply because the commandment in Leviticus 19:32 makes him do so, but the story does end with the king blessing Barzillai.

One can conclude that this is not God's feeling about the elderly when there is the account in Genesis 18-21 in which God is entrusting to a very old Abraham and a very old Sarah an important and difficult task, that of raising their son, Isaac. Abraham was one hundred years old and Sarah over ninety years old when they received the fulfillment of God's promise of a son. Certainly God would not entrust these elderly persons with the care of the one who would continue the line of God's own people unless God felt that these elderly people could do the job. Therefore we see how much God does value the personhood and the work of the elderly.

Yet there is a passage within the Isaac story, told in Genesis 27, which brings to mind some of the perils of old age. Here, when Isaac is old, he wants to bless his elder son, but Rebekah, his wife, wants the youngest son to receive that blessing. So Rebekah and Jacob take advantage of the failing eyesight of Isaac and perhaps also his failing hearing, to fool him into blessing the wrong son. This fraud works, but despite the fact that this was a fulfillment of God's will for Jacob to be the true heir, the readers finish the story feeling that both Isaac and Esau have been cheated because of the disabilities of old age.

Another challenging passage concerning aging is Leviticus 27: 1-8. This passage puts a monetary value on a human life and shows that the value for someone over 60

years of age is much less than someone who is younger than that age. That this value is one-third or less when one reaches that age shows how the law did not value the older person because he or she could not do the physical labor in the way that a younger person could do.

Finally, an investigation was made of the parallels within the poetry of the Hebrew Bible to the words for elderly with the Hebrew roots *ZQN* and *YShSh*. This researcher found that in Job 12:20 and Job 32:9 there is an understanding that the elderly are wise and have a great understanding.

In looking at the specific references above concerning older persons, some conclusions may be reached concerning a theology of aging in the Hebrew Bible. God looks favorable upon the elderly and requires those who are young to do the same. Society may have made it so that as the person got older the hard work of labor would lessen the value of that person for the community, yet the commandments to honor the elderly and especially one's parents are brought forth as important to the community. Older people do suffer from disabilities from their years, yet they are to be seen as the leaders of God's community. All this shows the value placed by God upon the older adult.

In addition to this researcher's independent work above, there are modern scholars who have worked with the themes and attitudes about aging in the Hebrew Bible. In his book, *Full of Years*, Stephen Sapp points out that "direct references must be supplemented by, and in some cases interpreted in light of, a more general understanding

of the biblical faith and witness to God's perceived purposes in human history."¹ He then goes on to find several themes which influence the attitudes about aging which we see in the Hebrew Bible. The first theme is that human beings are created "in the image of God." This theme begins with the Priestly Writer's account of creation in Genesis and continues in various places cited by Sapp.² His conclusions about this theme are "creation in the image of God appears to be the ultimate source of the value and the dignity of all human beings, whatever other characteristics one may attribute to them. Indeed, if human beings are created in the image of God, they never can be valued solely according to *physical* attributes or even bodily integrity."³

The second theme that Sapp points out for aging is the importance of community. He reminds us that this recognition is very evident throughout the Hebrew Bible.⁴ In this community there are both young and old. This understanding brings us to the attitudes which are present in the Biblical witness concerning aging. Here there is the affirmation that aging is inevitable, that there is a loss of vitality associated with aging, and that age is a source of wisdom. The inevitability of aging is closely connected with the understanding that humans are all mortal and that we will live to a certain number of years but that we will not live forever here on earth. That there is a loss of vitality associated with aging may come simply through observations of older people in the

1. Stephen Sapp, *Full of Years: Aging and the elderly in the Bible and today* (Nashville: Abingdon Press, 1987), 60.

2. Ibid., 61-63.

3. Ibid., 63.

4. Ibid., 64-96.

Biblical accounts. Here Sapp even uses the passage from 2 Samuel 19 about Barzillai, the 80 year old who did not want to be part of the king's court because of his age. Next, it is acknowledged that wisdom comes with old age because one has more and more experiences throughout the years, yet there is also the acknowledgement that an old person can be foolish if that one has lived a foolish life and does not change. Elihu's speech to Job in chapter 32 is cited to show that wisdom and understanding are not granted to someone simply because of the number of years that the person has lived.

Sapp's final section concerning the Hebrew Bible has to do with attitudes and obligations toward the elderly. Here he comes out very powerfully, writing, "Running throughout is a strong concern for the weak, the disadvantaged, and the defenseless in general, and the aged in particular command this compassion. In addition, respect bordering on reverence is appropriate toward those who are older, especially one's own parents, toward whom one of the Ten Commandments requires honor as well."⁵

Sapp has successfully organized a theology of aging in the Hebrew Bible into some categories which the modern reader can appreciate as having validity even thousands of years since the original documents were written. This researcher acknowledges the contribution of his work in Christian ethics to help to bridge the gap of those years, as well as bridging the gap which we have as humans between those who are young and those who are old.

5. Ibid., 93.

The Elderly and the New Testament

There are three words in the New Testament which have been translated by words or forms of the words “old” or “elderly.” The most common of these words is the Greek PRESBYTEROS. This word occurs most often in Matthew (thirteen times), Acts (eighteen times), and Revelation (twelve times) and it has differing meanings in each book. In the Gospel according to Saint Matthew, the “elders,” along with the Chief Priests, are the enemies of Jesus, who conspire to bring about his death by crucifixion. With lesser frequency, the same word is used with that meaning in Mark and Luke, but it is not present in John. In the Acts of the Apostles, the word has taken on a different meaning because these “elders,” along with the apostles, are the leaders of the church. The writer of 2 John and 3 John, in the opening verse of each of these books, uses the same meaning to describe himself as an “elder.” Then, in the Book of Revelation to John, the same word is used to describe the twenty four “elders” who are witnesses and worshipers of God throughout the book.

1 Timothy 5 is another place in the New Testament which has several uses of this word. In the first section of this chapter, verses 1 and 2, the word is used concerning instructions about our relationships with older persons. In particular, the instruction is that we should treat older persons as we would treat our mothers and fathers. In the later section of the chapter, the word has to do with the leaders of the church and the relationships and responsibilities concerning those leaders. In this section, there is certainly an understanding that whoever is an “elder” is held to a higher standard by the people.

A second Greek word that is translated “old” or “elderly” is the word PALAIOS. Many of the occurrences of this word have to do with old objects, such as wineskins, but there are three passages which talk of the “old man,” namely Romans 6:6, Ephesians 4:22, and Colossians 3:9. All of these passages have to do with the doctrine that there is an “old man” who has been discarded within each one of us when we have become new persons in Christ. Thus, these passages do not have to do with old age nor are they negative in any way about the elderly.

The third Greek word that is used to describe the old or elderly comes from the root word GEROS and this is the word from which “gerontology” is derived. There are two important places where this word is used. The first is Luke 1:36, where we read that Elizabeth “in her old age has also conceived a son.” This passage reminds readers of similar accounts in the Hebrew Bible, especially the birth of Isaac to the elderly Sarah and Abraham (see Genesis 18-21, mentioned earlier). The second place where this word is used is in John 3:4, in the discussion that Nicodemus has with Jesus concerning a second birth.

In looking at this material from the New Testament, it is very difficult to come to an understanding of the New Testament’s theology of aging because of the lack of specific references about older persons and the younger generation’s relationships with older persons. This researcher’s own conclusions deal with the context and audience for each New Testament book. Since much of what we find in the New Testament deals with the concerns and problems of the early church communities and congregations, the absence of material about the issues of the aging shows that this issue is not foremost in the concerns or the problems of the early church. This is not surprising because the life-

expectancy of persons during that time period would make the numbers of older persons rather small. Even today, with larger numbers of older persons with the increased life-expectancy, we find that it is difficult to keep the issues of the aging in the forefront; therefore this lack of material about aging in the New Testament is not surprising at all. Thus the usefulness of the New Testament in formulating a theology of aging is limited at best.

In addition to this researcher's independent work referred above, there are modern scholars who have worked with the themes and attitudes about aging in the New Testament and those who have worked with the context of the entire Bible. Stephen Sapp, who has been referenced earlier concerning his work with the Hebrew Bible, has also written about the topic of aging as it is found in the New Testament.⁶ He has a strong focus on the obligation of the Christian community toward the elderly and points to the demands for care of the widows to show what is expected of Christians concerning older persons.

In yet another approach to understanding the issues of aging in the New Testament, Richard B. Hays and Judith C. Hays in *The Christian Practice of Growing Old: The Witness of Scripture* have taken a look at some of the older characters of the New Testament and have analyzed how God looks upon these characters.⁷ They begin with Zechariah and Elizabeth in the Gospel according to Luke, where these older characters, seen by the world around them as too old to have children, are blessed by God

6. Ibid., 97-131.

7. Richard B. Hays and Judith C. Hays, "The Christian Practice of Growing Old: The Witness of Scripture" in *Growing Old in Christ*, eds. Stanley Hauerwas, Carole Bailey Stoneking, Keith G. Meader, and David Clouier (Grand Rapids: William B. Eerdmans Publishing, 2003), 3-17.

with the birth of their son, John the Baptist. Continuing in Luke, they see Simeon and Anna in the temple when Jesus is presented. These older persons provide prophetic voices to welcome Jesus into the world. Then in John 3, they look at the man named Nicodemus, who wants to know how an old man can be born again. Then in John 21, they see references to the old age of both Peter and John and note how these two have been greatly blessed by God in their work in the church.

The Hays have some conclusions about the New Testament themes of aging persons.⁸ First, there is an understanding that older persons are worthy of honor, respect, and special care. Second, older persons have a responsibility to serve as examples and leaders. Third, older characters signal the possibility that there will be unanticipated fruitfulness in old age because change, new life and unexpected hopes will take place even in old age. Finally, there are some things which are not said about older characters in the New Testament: they are not pitied, patronized or treated with condescension. Nowhere is growing old described as a problem.

The Elderly and Traditional Theology

An overview of the various approaches to the issue of aging is found in the book *Toward a Practical Theology of Aging* by K. Brynolf Lyon.⁹ Lyon devotes one of his chapters to an investigation of the three major claims of traditional theology as it applies to aging. First, there is the historical theological position which states that aging is a

8. Ibid., 97-131.

9. K. Brynolf Lyon, *Toward a Practical Theology of Aging* (Philadelphia: Fortress Press, 1985).

blessing from God. Lyon looks to the work of Calvin and finds that, while there is an understanding that old age is a blessing from God, there is also suffering in that old age. For Calvin, there is the understanding that suffering may “potentially help the believer in the right ordering of the Christian life” and this is why suffering is not a negative concept when it comes to this theological position.¹⁰ Modern readers who ascribe to the theme “no pain, no gain” can certainly understand Lyon’s retelling of Calvin’s argument that suffering in old age can bring about growth towards God in that same old age.

This understanding leads us to the second claim of traditional theology as it applies to aging, that aging is a process of growth. In addition to looking at the work of Calvin in this matter, Lyon also sees this element in the work of Augustine, Ambrose, Schleiermacher and Jerome, and especially in the work of John Chrysostom.¹¹ Here especially Lyon points out that, despite the decaying of the body, the Christian can certainly feel that there is progression of the soul with aging.

The third and final claim of traditional theology according to Lyon is that aging brings about a “religioethical witness.”¹² This involves the specific responsibilities that people have as a result of their old age. First, there is the responsibility to meditate upon God in order to bring about a right relationship with God. Second, there is the responsibility to teach the young from the wisdom that one has accumulated over the years. Finally, there is an understanding that human fulfillment comes with answering the question of how to deal with the losses and physical decline due to aging. This is coupled

10. Ibid., 41.

11. Ibid., 42-47.

12. Ibid., 47.

with an understanding that fulfillment comes only through a right relationship with God and we see that the responsibilities of old age are towards God and towards the younger generations, in addition to a responsibility to self.

A New Gerontology and a New Theology

In 1975, Robert Butler, M.D., wrote a book titled *Why Survive? Being Old in America*, which won him the 1976 Pulitzer Prize for general non-fiction and brought forth an awareness to the public about the issues of aging.¹³ Even though his title seems pessimistic, Butler actually comes to the conclusions that we do survive into old age because we can enjoy life and make contributions to humanity in our old age, yet he does point out that there are negatives involved with aging in America, most notably disease and poverty.

In 2002, Robert Butler wrote an essay entitled *Why Survive? Revisited*.¹⁴ In this essay, Butler introduces the term, the “new gerontology,” as that which has developed in the field since 1975.¹⁵ He points to the founding of the National Institute on Aging in 1975 and the many accomplishments since that time, including the Alzheimer’s disease movement, the Nursing Home Quality Reform Act, the awareness of elder abuse and growing awareness of the widespread practice of defrauding older consumers.

13. Robert Butler, *Why Survive? Being Old in America* (New York: Harper & Row, 1975).

14. Robert Butler, “Why survive? Author revisits his Pulitzer Prize-winning book,” *Aging Today* 24 -4 (07-01-2003): 3.

15. *Ibid.*, 4.

Just as a new gerontology began around 1975, so also a new theology of aging began around that same time. In the spring of 1974, the National Retired Teacher's Association and the American Association of Retired Persons held a Conference on the Theology of Aging, the first of its kind. Led by Seward Hiltner, a leading figure in pastoral care education in America, the conference participants struggled with the issues of aging which would impact the future generations of Americans and began a new look at the theology of aging.¹⁶ As Paul Pruyser suggests, theology must come to terms with the issues of losses in aging, most notably the loss of personal dignity, the loss of work, the loss of independence, and the loss of time, for humans can perceive all these losses as abandonment and can see death as the ultimate abandonment by God.¹⁷ On the other hand, theology must also seek to acknowledge that there are also gains in aging, such as interdependencies with loved ones, new understandings of "being" instead of "doing," the relaxing of personal defenses, and a new freedom of being.¹⁸ Although not mentioned by Pruyser, this researcher certainly sees here in these gains of old age an opportunity to grow closer to God, something which was seen as a part of the traditional theology of aging.

This new theology of aging began to be developed in ways that dealt equally with an understanding that a human being had a disengagement from the world as one grew older and an understanding that a human being had a continuity with the rest of one's life

16. Seward Hiltner, ed., *Toward a Theology of Aging* (New York: Human Sciences Press, 1975).

17. Paul Pruyser, "Aging: Downward, Upward, or Forward" in *Toward a Theology of Aging*, Seward Hiltner, ed. (New York: Human Science Press, 1975), 102-118.

18. Ibid., 111-117.

as one grew older. As the circles within the gerontology community became polarized in these two camps, it was the theologians who began to look not to these perceptions but rather to the religious symbols and images to gain a better understanding of a theology of aging. Rather than looking at a theology of eschatology, that is, of “the end times,” a new theology of aging began to develop around the themes of hope and salvation.

A Theology for Alzheimer’s Disease

Many persons have struggled with the issues of Alzheimer’s disease and many books have been written by those who have been caregivers or loved ones of those with this disease. The people of God have struggled with the questions of theodicy concerning Alzheimer’s disease and have wrestled with God over the question “Why?” We all want to know what good comes from a disease that robs people first of their memories and then later their identity and their relationships. This is especially true for the people of God who look to history and the continuing relationship of God with God’s own people. The memory that each one of us has of our own relationship with God throughout the years that one has been alive is a personal example of the relationship that God has had over thousands of years with God’s people. What kind of God would allow us to lose those memories and ultimately lose the memory of God in our lives?

Stephen Sapp, in the book *God Never Forgets*, has suggested that modern thought has tended to downplay the human body, yet in Alzheimer’s disease it is the body which continues while the memories and the mind become lost.¹⁹ We Christians need to

19. Stephen Sapp, “Memory: The Community Looks Backward,” in *God Never Forgets: Faith, Hope, and Alzheimer’s disease*, ed. Donald K McKim (Louisville, KY: Westminster John Knox Press, 1997), 38-54.

remember that our promise of eternity with God lies in the promise of the resurrection of the body. He states that “it is reasonable to conclude that even when rational function is lost, God may still value the human *body* enough to stay in some kind of relationship to it.”²⁰ Finally, he reminds us that what really matters is not our memories of God but rather that God remembers us. With the confidence of knowing that God never forgets, we have hope that, even in Alzheimer’s disease, God is indeed continuing to show love to God’s people.

Spirituality in New Gerontology

A cutting edge in the field of gerontology comes from the work of William Thomas, M.D., who has proposed an alternative to the way that older adults live. In several written works, on his website, and in many lectures and presentations since 1990, he has identified the greatest challenges to older persons and especially to older persons living in the nursing home setting as loneliness, helplessness, and boredom.²¹ These are neither physical challenges nor are they medical challenges; rather they are fundamentally spiritual challenges. Thomas has proposed something which he calls the Eden Alternative to address these challenges. Loneliness is faced through setting up a planned community where older adults may have regular interactions with one another and across generational lines. Helplessness is faced by giving all persons, regardless of their age or capabilities, a task to accomplish every day. Boredom is faced by offering a

20. Ibid., 50.

21. Eden Alternative, “Eden Founders,” *Eden Alternative Online* [web page online]; Available from <http://www.edenalt.org/about/eden-founders.html>; Internet; accessed 27 May 2007.

community in which things may happen that are unexpected and unplanned. Through a community which focuses on these challenges, Thomas argues that the quality of life for older adults can be much greater.

The Green House project in Tupelo, Mississippi, is rooted in the tradition of an Eden Alternative Community, and is a great example of changing attitudes through an innovative way of structuring eldercare away from being centered in the medical model.²² In 2003, Mississippi Methodist Senior Services built four small, self-contained houses for ten or fewer elders, each with private rooms and full bathrooms and sharing family-style communal space, including hearth, dining area, and full kitchen. The help staff at these Green Houses are “Shahbazim” or universal workers, who cook meals, do laundry, provide personal care, assist with habilitation, and promote the elders' quality of life. Studies, reports and news stories have indicated that this particular project has been a success for the residents and for the administration.²³ This seems to be a new direction for housing for the older adult, especially in light of the fact that many current long-term care settings are in buildings that are getting older and will need to be replaced. Once new buildings can be constructed and the Eden alternative model is utilized, the picture of housing for the older adult will change in the future. This future seems to suggest that the greatest of all challenges for the older adult in a congregate living setting, those issues of loneliness, helplessness, and boredom, will not be issues at all within fifty years.

22. Judith Rabig, William Thomas, Rosalie A. Kane, Lois J. Cutler, and Steve McAlilly, “Radical Redesign of Nursing Homes: Applying the Green House Concept in Tupelo, Mississippi,” *The Gerontologist* 46 (2006): 533-539.

23. R.A. Kane, T.Y. Lum, L.J. Cutler, H.B. Degenholz, and T. Yu, “Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program,” *Journal of the American Geriatrics Society* 55 (June 2007): 832-839.

CHAPTER FOUR

METHODOLOGY

This project was an exploratory investigation in the form of a field study to determine the effects of the presence of Memory-Support residents in worship on the spirituality of those non-Memory-Support residents who attend Sunday chapel worship services. The methodology involved was that of Action Research, in particular, the Proactive Research Method, which intentionally engages in qualitative research while pro-actively working toward transformation.¹ This process took place through the interviewing of the regular worship attendees while this writer was engaged in an active ministry with, to, and for those persons.

Problem Statement

It is the experience of this writer that worshipers are negatively affected by the presence in worship of those who are different from them. Certainly, those suffering from Alzheimer's disease and other dementias who are housed in the Memory-Support units at Bethany Village qualify as being "different." Thus, this investigation aims to determine if this writer's past experience holds true or if the mature spirituality of those who are

1. William R. Myers, *Research in Ministry* (Chicago: Exploration Press, 2002), 25-29.

residents in a Continuing Care Retirement Community will not be affected by the presence of those residents in regular Sunday morning worship.

Proposed Hypothesis

This researcher's hypothesis is that, using the methods which are mentioned below, it will be shown that the presence of these residents from the Memory Support Units has an effect upon the spirituality of the other residents who attend Sunday morning worship.

Research Methods Employed to Test the Hypothesis

The research was for exploratory purposes and qualitative in nature. The research questions are as follows: (1) What is happening to the non-dementia residents when they worship with the Memory Support Unit residents? (2) What are the various ways that the non-dementia residents relate to and understand those at worship who are the Memory Support Residents? (3) What are patterns and links between the ways that non-dementia residents relate to and understand those at worship who are the Memory Support Residents?

These questions are answered through a field study of the non-dementia residents. It was the original proposal of this writer to conduct thirty-minute personal interviews with a random group of residents who regularly attend worship services to determine how the presence of the Memory Support Units impacts their spirituality. The following open-ended questions were to be asked:

- (1) How much do you notice that these special needs residents are present in the services? (2) How do you feel about these residents being separated from the community in so many other ways? (3) How do you feel about other segregation issues? (4) How do you feel about people who have memory impairments? (5) How do you think people with memory impairments feel about being a part of the Sunday morning worship services? (6) If you were to have a memory impairment in the future, would you want to be included with the rest of the community for worship or for other events? (7) Should the Memory Support Unit residents continue to attend these Sunday morning worship services? Why or why not?

In dealing with open-ended questions, this writer has an understanding that many of the answers will not be simple statements but rather narratives of experiences which the residents have had in the past concerning those with Alzheimer's disease or other forms of dementia. In working with narratives and what may be learned from these personal accounts, the writer uses the example of researcher Jaber F. Gubrium who has used narrative in learning about issues which impact the lives of senior citizens, especially the quality of life for nursing home residents.² The validity of this approach is argued very strenuously in that book, as the early 1990's were a time when Action Research was just beginning to gain acceptability in the academic community.³

2. Jaber F. Gubrium, *Speaking of Life: Horizons of Meaning for Nursing Home Residents* (Hawthorne, NY: Aldine de Gruyter, 1993).

3. Ibid., 1-13.

Selection of Those to be Interviewed

Residents of Bethany Village were selected for this project through the following method. The researcher took note of those who regularly attend the worship services and checked their records to see if “dementia” or “Alzheimer’s disease” were included as a diagnosis. If either term appeared in their records, then that person was excluded from the interviews. For the independent residents who do not have available charts, this is not an issue because the policy of Bethany Village is not to allow those with dementia to live independently. Visits or telephone calls were made with each person to arrange for an appointment for the interview. At the time when the appointment was made the explanation was given that this was for a doctoral project and the topics that would be talked about were dementia, separation, and worship. There were two people who declined to participate when asked for the appointment, but both stated it was because they did not have the time to do so.

At the time of the appointment, the residents were given a letter of explanation about the project and were asked to sign a consent form. Copies of these are in Appendix B.

Impact of an Active Ministry Upon the Research

This writer has been engaged in an active ministry at Bethany Village since February 2005. The research timeline was that the interviews take place in the beginning months of 2007. Thus, approximately two years of influence from the ministry has taken place before the interviews began.

The particular ways in which this ministry may influence the individuals who are interviewed for this project are that the sermons which are preached at the Sunday morning chapel services are grace-oriented, the visitation ministry which is performed by this writer is a ministry of listening, and there is also a ministry of presence which is a priority for this writer. Each of these ministries will foster a sense of acceptance, with the example that God accepts us as we are, so also we should accept others as they are.

Concerning the ministry of preaching, this writer preaches approximately fifty separate sermons in chapel services throughout the year. A retired Lutheran pastor who is on the staff at Bethany Village preaches another twelve sermons in a given year. Thus, this writer has the major influence in the area of preaching when it comes to those who attend the chapel services. The preaching style of this writer is informal and from the center of the front aisle in the chapel.

There are two different types of sermons which are preached by this writer, the “problem-solution” sermon and the “development by illustration” sermon. In the problem-solution sermon, the “problem” is that we human beings have turned away from God or we have grown away from God. The result is that we need a solution to our separation from God and that solution is offered by God, who comes to us. The “problem” is offered through illustrations based on the assigned Bible texts for the day and the “solution” is the story of the life, death, and resurrection of Jesus Christ. While the “problem” part of the sermon points out that the Law convicts us of our sin, the “solution” part of the sermon always has the emphasis of the Gospel, that is, God’s grace which does not require work or payment on our part. This shows God’s acceptance of us,

because no matter what we do, God loves us, forgives us and brings us to eternal life through Jesus.

The second type of sermon that is preached by this writer is the “development by illustration” sermon. This type of sermon consists of stories and narratives which illustrate God’s grace and God’s love for us. These sermons are based on the assigned Bible texts for the day and they always show how God reaches down to us and gives us what we do not deserve. Using the life, death, and resurrection of Jesus as the ultimate example, this sermon type strives to show God’s acceptance of each one of us all of the time.

With this ministry of preaching, this writer has an influence upon the community of those who worship at the regular chapel services. If the preaching would go further to say that you must be God-like and accept others, otherwise you will not be accepted by God, then that type of preaching would be a “hard” influence upon the community. The influence from this writer’s ministry can rather be described as a “soft” influence to accept others, for that is the same way that God accepts each individual.

Another way that this writer influences the community of faith is through his visitation ministry. As a Board Certified Chaplain of the Association of Professional Chaplains, this writer follows the standards of that organization to be an active listener and a non-judgmental presence during visits with residents of the community. This type of visit allows people to express themselves freely and honestly because they will not be shut down in their conversation. This type of ministry is also a “soft” influence upon the community, leading others by example to see that they may accept others in the community, just as they have been accepted by this writer.

The final way in which this writer influences the community of faith is through his ministry of presence. As the Director of Pastoral Care at Bethany Village, this writer participates with the members of the Life Enrichment Team in planning and carrying out the work of community-wide events on the campus. At the majority of these events, this writer is there with no assigned task and that is because the real task is one of presence, which is, just being there. This is an example to the community concerning the grace of God, who is present for us even if we don't recognize that presence. It is the work of this writer to serve as such an example for the community so that they might see that, just as the representative of God is present at these events, so also God is present throughout their lives. This is an influence upon the members of the community to see also that God is present among us because God loves and accepts us just as we are. This influence is even "softer" than the two previously mentioned ways in which this ministry influences the community concerning the issue of acceptance of others who are different.

CHAPTER FIVE

FIELD EXPERIENCE

Description

The information gathering portion of the project took place from January 4, 2007 through May 27, 2007. This was accomplished through personal interviews of those persons who do not have dementia who are regular attendees at the Sunday morning chapel services at Bethany Village. All of the interviews took place on the campus of Bethany Village in Dayton, Ohio. There were no interviews done during the months of March and April due to work scheduling issues and attendance at professional conferences.

A total of twenty-six interviews were completed. The interviews lasted in time from a period of thirty minutes to a period of one hour and forty-five minutes. The difference in the length of these interviews is because the questions that were asked were open-ended questions. This allowed the respondents to tell stories and give accounts of their own experiences and without time restraints. While the original plan was to have interviews of only one half hour each, this became impossible with the amount of material reported by the respondents in answering the open-ended questions.

All of those interviewed were regular attendees of the Sunday morning chapel service. Seven of these persons regularly attended the 9:00 AM Sunday morning chapel

service, while the others regularly attended the 10:30 AM Sunday morning chapel service. Thus, twenty-seven percent of the respondents are those that regularly attended the earlier service. The statistics for the Sunday chapel attendance over the past two years show that thirty percent of the Sunday morning attendance comes from that earlier worship service. Thus there was no overt bias for either service, because those who were interviewed represent approximately the same percentage as the attendance figures for each worship service.

Twenty of the interviewed were women and six were men, or twenty-three percent men and seventy-seven percent women. While no records are kept concerning the gender of those who regularly attend the Sunday morning chapel services, there are statistics concerning the gender of those who live in the Long-term Care licensed areas and for those who live in the Tower apartment building. The Long-term Care statistics are kept for reports to the State of Ohio and the Tower apartment building statistics are kept by nursing students from Wright State University as part of their training with seniors. These statistics show that the percentages do vary between twenty to twenty-five percent men and eighty to seventy-five percent women. Since the percentages of gender of this study fall within these ranges, this shows that there is no overt gender bias in these interviews.

Attitude Classification Concerning Dementia

As a way to make sense of the data collected, this writer has classified the interviews based on the general attitudes which the respondents have towards those with dementia. Seven classifications emerged from common themes stated by the respondents. Each of these classifications had at least two respondents who stated the given attitude.

The first classification is the response, “I feel sorry for them.” This response was given in six of the interviews. In three of these six cases, the respondents told of a personal account with someone who had Alzheimer’s disease or dementia. In one of these cases, it was the respondent’s husband who had “the beginnings of dementia” before he died. She recounted several incidents with her husband and how his forgetfulness and his confusion just made her feel sorry for him in his situation. She talked about how she had to lead him around and take care of all of his needs. She said that he had gone so far downhill in the years before his death that she looked upon his death as a blessing to both him and to her. It was his death that ended her sorrow, rather than the usual understanding that death brings about sorrow.

The next classification is the response of compassion in which the respondents want to help those who are so affected. This response was given in five of the interviews. In two of the five cases, the respondents told of a personal encounter with someone who had Alzheimer’s disease or dementia. In one of these cases, it was the respondent’s brother who has Alzheimer’s and is at one of the Veteran’s Administration hospitals too far away for her to visit him. She reported that her brother still has a positive outlook and that he is “jolly” because of his dementia. While each of these respondents spoke of how they want to help those who are affected with the condition, one of the respondents went even further and talked about giving support and help to the caregivers of those who have Alzheimer’s disease or dementia.

The next classification is the response that “feeling sorry or feeling pity isn’t the right word.” A response to this effect was given in three of the interviews. One of the respondents spoke about how this is a learning process with her and that she is learning

not only about the condition of those with dementia but also about her own feelings towards those with dementia. In only one of these interviews, the respondent told of a personal account with someone who had Alzheimer's disease or dementia; in this case it was two friends who were so affected. These friends became friends with her after they had shown signs of having dementia. Despite this, they became close to her and upon the death of one of them, she participated in the memorial service for her friend. Her statements at the service showed that one can be a true friend with someone with dementia and it is not a "one-way" relationship, which is what many people believe about such friendships.

The next classification is the response, "I hope I never get that way." This type of response was given in three of the interviews. In only one of these interviews, the respondent told of a personal encounter with someone who had Alzheimer's disease or dementia and this was about a friend who was affected. This friend did not seem to be a close friend, which leads this writer to believe that this response comes not with familiarity about the condition of dementia but rather out of ignorance to the real situation of those who are affected.

The next classification is the reaction that it is "terrible." This particular word was used in two of the interviews. Both of these respondents told of personal accounts with others who had Alzheimer's disease or dementia. One woman told of two older sisters who suffered from this condition. In the case of one of her sisters, she reported that her sister regularly prayed to God to end her life because she didn't want to continue to go through the ordeal of losing her memory.

The next classification is the response that it is “hard” or “difficult” to deal with. This type of response was given in two of the interviews. Both of these respondents told of personal accounts with others who had Alzheimer’s disease or dementia. One woman told of her best friend for many years who is now suffering from dementia and who is a resident at Bethany Village in one of the Memory Support units. This friend of hers was so difficult to deal with as she became more and more affected by memory loss. She also reported how this friend’s family members were difficult to deal with because of their denial about what was really going on with her friend.

The next classification is the response “worrying about those who are impaired.” This response is different from the earlier response of compassion because the respondent here does not want to spring into action for those who are affected. This type of response was given in two of the interviews. Both of these respondents told of personal accounts with others who had Alzheimer’s disease or dementia. The one respondent told about his wife who was affected by dementia before her death and how when she lived with him he was constantly worried that she would come to harm. Even when she came to one of the long-term care units at Bethany Village, he still was able to worry about what might happen to her because of her dementia.

The final classification also deals with the issue of worry, but this one comes at it from the other side, namely that things are okay because “God has taken their worry away.” This type of response was given in two of the interviews. Both of these respondents told of personal accounts with others who had Alzheimer’s disease or dementia. One of these respondents was a member of the clergy who had many encounters in his professional life with those who were affected by memory loss in their

later years. He was very well educated about the condition and about the treatments that are available. He saw the condition as a gift from God to those who needed to stop worrying about everything. He understood that this is a goal for every single one of us because God will take care of us no matter what. He saw worry as the opposite of faith and for those who needed help with the gift of faith, God supplied this freedom from worry with the condition of dementia.

Attitude Classification Concerning Separation or Segregation

Since the issue of segregation or separation of those persons with dementia is such a big issue in this study, this writer has also classified the responses based on the attitudes concerning separation or segregation. There are three basic responses: separation or segregation is always wrong, separation or segregation is sometimes wrong, and separation or segregation is acceptable. There were thirteen responses in this first category, ten in the second category, two in the final category, and one response that could not be categorized.

Half of the respondents reported that separation or segregation is always wrong. Out of these thirteen responses, one woman told how separation or segregation makes her feel uncomfortable. Another woman used the word, “terrible,” and recounted a situation in her life where she observed segregation in a high school environment. In this situation, the students were separated by skin color and she reported how this made things worse for everybody.

One respondent said that separation or segregation was against the will of God. The issue of sin was brought up here as something which separates humans from God

and also as something which separates humans from each other. God's will is that we should be close to God and not separated from God. God's will is also that we should not be separated from each other.

One person talked about how she had felt exclusion in her own life because of being different. She reported that her weight had become an issue of separation from other people. She was very passionate during the conversation about separation and segregation and told how she would be "willing to fight" to make sure that people are not excluded.

Finally, one respondent told how separation or segregation is wrong "from both sides." He went on to explain that separation is wrong when the majority or the powerful exclude other people because of color, race, creed, or disability. The result here is very wrong because people do not have the same opportunities. He sees that in situations like this that the majority or the powerful have the greater benefits of society and that others are excluded because of their differences. He also went on to explain that separation is wrong also when it comes from the minority or the weak as well. This type of exclusion does not allow for people to learn about others who are different and people need to see that differences among people are actually strengths for the whole of society.

In the second classification, there were ten responses which said that separation or segregation is sometimes wrong and sometimes acceptable. These responses dealt with the reasons for the separation. Most of them talked about how those who were disruptive or dangerous should be separated from others. Five of the respondents gave examples of prisons and two even talked about the death penalty for those who are so disruptive or dangerous that permanent separation was necessary. Certainly the issue here was about

protection: in order to protect the majority of law abiding citizens it was necessary to separate from society those who are not law abiding.

One of the respondents in this classification talked about how separation or segregation is acceptable if it is at the initiative of the minority or less powerful group. He talked about how individuals have little power as individuals but when they organize as a group they have much more power. In fact, he reported that in his business life he saw that people with differences who separated themselves from others were able to “get their agendas taken care of” while those who remained a part of the larger whole were not satisfied. He saw this in business not only with the issue of race but also with an issue of skills. In one particular work setting he reported how a group of employees with a particular skill who felt that they had a more valuable skill for the future of the company had separated themselves from the other workers. In doing so, they were able to receive higher status and compensation from management. This respondent felt that this type of separation or segregation is very appropriate because people are different and these types of separation allows for different needs to be taken care of.

Finally, one of the respondents in this category reported how separation or segregation is appropriate for cultural reasons. She gave the example of the Italian community of her husband’s family. She told of her own sadness that this culture was lost to future generations of Italian-Americans in her family because they did not separate or segregate themselves. She felt that if the family had been segregated with others from the same Italian culture that this particular cultural experience would not have been lost. She gave the example of other distant relatives in her husband’s family who were able to

remain in a community in another city that separated themselves in their neighborhood and thus preserved the culture.

The third category of responses is that separation or segregation is acceptable. One woman who responded in this manner said that “some people just don’t fit in and they should be separated from others.” According to her, it did not matter what the reasons were that the people did not fit in for the separation to be acceptable. She was bold to say that if the issue that kept people from fitting in was their religious affiliation, then they should be separated by their religious affiliation. She used as her example Muslims who are threatening our nation at this time. She felt that it was very acceptable for the airport security people to separate out all of the Muslims who want to travel in our skies and to make sure that they are not carrying anything which might hurt the rest of the people.

Finally, in this classification, one woman reported that it was very natural for people to separate themselves and to segregate themselves. She used the example of neighborhoods and communities which are filled with people who are very much alike. She talked about how even the church is divided into congregations who have separated themselves by theology, by politics, and by race. She did not see any wrong in this type of separation because she saw how naturally it happens. In fact, she remarked about how all separation and segregation comes naturally and thus is appropriate.

There was one woman who refused to be classified in this area. She was a nurse by background and insisted that all people are the same yet so different and unique. Her argument was that there are really no differences in any person which can separate any individual or group from one another. Any separation or segregation is neither right nor

wrong; it is meaningless because of our common humanity. Thus, she was unwilling to talk about a value judgment concerning separation or segregation.

Attitude Classification Concerning Dementia Residents at Worship Services

Eleven responses have been classified concerning the attitudes of those interviewed about the presence of people with dementia at the worship services. Several of the responses have similarities and these will be noted in the narrative. The highest number in a classification is six and the lowest is one.

The classification with highest number of responses is the classification that “worship may be helpful to those who have dementia.” Six responses gave an answer which fits well into this classification. None of the responses gave any evidence which shows that this is true but rather claimed this as opinion. Several of the respondents told of how worship is helpful to them no matter what their mood or how they are feeling, so therefore they believe that worship will be helpful to someone even with dementia.

The next highest number in a classification is five and this is the classification that “it is okay for them to be in worship as long as they are quiet.” The concern here is that others who are worshipping will not be disturbed by someone with dementia also present at worship. One respondent gave the parallel of children in church. She said that a crying baby or a fussing toddler should be removed from the worship setting until that child is quiet. Likewise, a person with dementia should be removed from worship if he or she is unable to remain quiet.

The next classification had four responses and this was that those who have dementia have no effect upon them in worship. This interviewer asked this question using

different words a second time in each of these interviews and there was no change in the response with a slight change of question. When this interviewer pressed the issue with one particular respondent, the answer that was this is true because worship is such a personal thing for her. Her answer was that others in worship do not have any effect upon her whether they are disruptive or whether they are quiet, whether they are loved ones or whether they are strangers, and this is because her worship is between her and God. Nobody other than God matters when she is in worship.

The next classification also had four responses and this was “it is not good if they come and sleep.” Here is the concern that someone must be awake in order to receive the benefits of attending a worship service. Each of these four respondents had examples of particular people who come to the Sunday morning chapel services and sleep during worship. In one of these discussions this interviewer gave the illustration of others who do not have dementia falling asleep during the pastor’s sermon. That particular respondent did not have an answer to this dilemma, but stated that nobody should come to worship services and fall asleep.

The next classification had two responses and this classification is that “they like to come to church.” This classification is related to the one noted above in which worship is helpful to those who have dementia, but there is a difference between enjoying something and something which is helpful. That is the difference noted here and it is why there are two separate classifications. Neither of the two respondents, however, was able to present any evidence as to why people with dementia would like to come to church. This interviewer understands that, just as those respondents who felt that worship was

helpful because these respondents personally felt that worship was helpful, so also those who like to come to church will also feel that everyone likes to come to church.

The next classification also had two responses and that was “all people should be a part of the community of faith.” This response showed that the church was inclusive rather than exclusive and that no persons should be excluded because of any reason.

The remaining classifications only had one response each. One response was very simple, “It’s okay.” Another response was also simple, “It’s great!” Another response expressed concern for the worship leader in such a situation. This woman told of her embarrassment for the pastor or preacher when the people in the worship service were sleeping or making inappropriate comments. Another response was practical, “As long as we have the space for them.”

The final classified response was that “it is good for the caregivers to come and see moments of recognition in the faces of those that they care for.” This response was given by a man who had much experience with persons with dementia. His concern for the caregivers was because he had seen that the true victims of dementia were not the persons diagnosed with the condition but rather the caregivers and loved ones of the persons who have been diagnosed. This man noticed that the persons with dementia were more responsive than usual when they attended worship, especially with the singing of hymns and with the saying of the Lord’s Prayer. Because he had made this important observation, he also wanted the family members to make that same observation, which because it brought him hope concerning the condition of dementia, he believed it would also bring family members and other loved ones the same hope in dealing with persons with dementia.

Narrative Example I

Several narrative examples serve to show something important in the experience of learning about dementia for the regular attendees at the worship services. Some parts of these examples have been mentioned before, but the whole of the narrative brings out more detail which helps in understanding.

The first such example deals with a woman who is eighty-one years old and is a resident of the long-term care area because of several medical conditions. She has no signs of dementia and the staff members regularly rely upon her observations and memory to help them in dealing with other residents. This woman talked about two situations of dementia which have affected her greatly. The first such situation concerned her aunt, who lived in Columbus. This aunt was a favorite of hers, so she remained close to her. As her aunt grew older, this respondent noticed that her aunt's memory was failing. She explained how she was supportive of her cousins when they felt that their mother needed to go into a nursing home in Columbus. When her aunt was in that nursing home, she continued to visit her. What saddened her most was the situation there, where she felt that her aunt did not have any friends and did not have family support any longer. This respondent told of how she noticed the stages of Alzheimer's disease in her aunt and that finally there was relief and peace for everyone when her aunt died.

After the first situation which she described, this respondent told of her present situation in the long-term care area, where she had befriended two other residents in her area, both of whom have dementia. When she first came to the area, she noticed that despite their friendliness, these two other residents did not have many friends. Because she remembered how her aunt did not have any friends, she was willing to reach out to

them. She told this interviewer how rewarding a friendship she has had with both of these others. When one of her friends declined mentally to the point that she was asked to move to one of the Memory Support Units, this respondent did not react negatively because she sees how one of the important issues in dealing with persons with dementia is their safety. She also saw how this resident was in potential danger in the regular long-term care area. Once her friend was settled in the Memory Support Unit, this respondent would take her other friend from her own long-term care unit and they would visit their friend. This pattern continued until the friend in the Memory Support Unit passed away. At the Memorial Service for her friend, this respondent gave testimony as to the friendship and how it was not only “one-way” despite the fact that her friend had dementia.

This writer had observed this friendship in action over many months and particularly saw this friendship when these three residents sat together in worship services. It was the respondent who needed to be in a wheelchair, while the other two residents with dementia used walkers and thus ordinarily would be seated in an area separate from the wheelchairs. However, because of their friendship, these three made sure that they always sat together and moved chairs into the area where the wheelchairs would go so that they could sit together at worship. This pattern continued even after the one resident was moved to the Memory Support Unit. The other two would do their best to make sure that their friend was moved from the usual area to where they could sit together. This plan was most confounded because they were in separate units and could not coordinate which of the two Sunday morning chapel services they would attend together, but throughout these three residents did their best to be together in worship.

This writer also observed that the staff members in both units were very supportive of this friendship. There were several visits per week to the Memory Support Unit, which required staff members to transport to another floor. Also, when the friend on Memory Support was near death, the staff from that unit called the respondent to say “goodbye” to her just a few hours before her death. This was a very meaningful act by the staff and a very meaningful time for the respondent to be with her friend.

This narrative example does not need much explanation to show the significant growth which the respondent showed concerning her understanding and her dealing with persons with dementia. It is interesting to note the classifications above for this woman’s responses. In her attitude concerning dementia, this woman fit into the category that “feeling sorry or feeling pity isn’t the right word.” She particularly told of her learning experience with her aunt and with her friends as she has noticed her own growth in dealing with people who are different from her. In her attitude concerning separation or segregation, she was in the category that separation or segregation is sometimes wrong. The issue that she brought up was the safety of the persons with dementia and that only special settings would be able to insure that safety. Thus, she believes strongly that persons with dementia should generally be separated from the rest of the community because they cannot safely live in the community. Finally, when it comes to her attitude concerning residents with dementia attending worship services, this respondent was in the category that “worship may be helpful to those who have dementia.” She gave no evidence which shows why or how it is helpful but this was only her opinion in the matter.

Narrative Example II

A second narrative example is the story told by another woman who had very little experience with those who had dementia before she moved to Bethany Village. Five years ago, while a resident of one of the cottages, this woman answered an opportunity for volunteer service as a pianist. This opportunity was in one of the Memory Support Units, which she referred to as “the locked unit,” and it was that every Wednesday morning she would play the piano for the hymn sing which was held on the unit. As she described it, this was the first time in her life that she had some contact with persons with dementia. She did this for about eighteen months, at which point she fell and broke her shoulder, making it difficult for her to play the piano. In her interview, she told how this experience on “the locked unit” was a very positive experience. This woman is now in an Assisted Living area which is physically near the two Memory Support Units at Bethany Village. Many residents of her unit now join in with the Wednesday morning hymn sing, which has moved to the Main Street area, and this woman also joins in regularly.

This woman admits that she is shy and introverted and thus does not reach out to those who have dementia, but she is not bothered by the fact that they have memory impairment. She does not see any problem with having a friend who has dementia, nor does she see dementia as a reason why she couldn’t have someone as a new friend. She talked about what she observes while living on the Assisted Living unit, where there are several residents who have dementia. She has seen how the memory problems keep them from having a life as full as she can have, but she also does not see them as having “less of a life.”

As a result of this experience, this woman has seen growth for herself in relationship with others who have dementia. Most notably here is a brother with dementia who lives in another town too far for her to visit. At one point she felt that the greatest difficulty in visiting him was his own impairment, which made it difficult for her to communicate with him. Now, she sees that in the past the greatest difficulty was her own acceptance of his new state of mind. Her understanding at this point is that the physical requirements for her to travel that far make up the greatest difficulty to see him and she wishes that she could spend time with him even though he has dementia.

It may be helpful to note the classifications above for this woman's responses. In her attitude concerning dementia, this woman fit into the category of a response of compassion. This goes along with her willingness to serve as the pianist for the hymn sing in that unit. Concerning segregation and separation, she is in the middle classification, because "people should not be segregated unless there is a disruptive behavior." Finally, when it comes to the attitude concerning residents with dementia attending worship services, this respondent was in the category that "worship may be helpful to those who have dementia." She felt that "it must lift their spirits to hear music and organ and people singing" and she told how especially the "old, old hymns" had a great effect upon them.

Narrative Example III

A third narrative example is the story told by a cottage resident concerning one of her former neighbors in the cottage area. This neighbor was a long time friend of the respondent with whom she had taken yearly trips for about 15 years after both their husbands had died. These trips included distant destinations such as Alaska and Hawaii: for these long trips they were always roommates. The respondent told of how in the last few yearly trips together she noticed the memory problems of her friend. At first it didn't bother her, but as her friend became more reliant upon her and she herself was unable to take care of the needs of both of them, it was the respondent who ended the traveling relationship. Because the respondent actually lived with her friend while on those trips, she knew of the problems of memory impairment better than her friend's family members. When she contacted her friend's children, she was rather shocked by their denial of the problem. Her concern was in the safety of her friend and this concern was emphasized by a few instances where her friend was found wandering in the neighborhood and did not recognize her when she brought her back to her home. Her worries about her friend's inability to take care of herself independently were not taken seriously until her friend's family noticed that the woman had lost a significant amount of weight. The reason for this weight loss was that the woman was not preparing her own food and eating properly. As a result of this, the respondent's friend was admitted into the Memory Support Unit of Bethany Village.

Despite the fact that the respondent was concerned about her friend and made sure she was safe through moving to the Memory Support Unit, now that her friend is in that unit, the respondent admits that she no longer visits her there. The respondent is most

upset by the fact that her friend does not recognize her and because the visits do not make her feel good she has discontinued visiting her friend. However, she does make a special point to visit her friend at the time of Sunday morning chapel services. The respondent is a regular for the 9 AM worship services and her friend's Memory Support unit regularly comes down at the 10:30 AM worship service, but the respondent will wait until the residents come down from that unit before she leaves to go back home. If her friend comes down to the 10:30 AM worship service, which only happens about once a month, the respondent will most times attend a second worship service sitting next to her friend.

This narrative example shows the inconsistent growth which this woman has had concerning her relationships and understanding of those with dementia. On the one hand, she was very strong in making sure that her friend was safe as a result of her dementia, but on the other hand, she is unwilling to visit her friend except in the context of a worship service. However, this may not show a growth in the particular area as much as it shows the strength of the worship experience in bringing people together regardless of their disabilities or differences.

It is interesting to note the classifications above for this woman's responses. In her attitude concerning dementia, this woman fit into the category that "it is difficult or hard to deal with." She shows this difficulty through her inability to visit her friend because the visits "do not make her feel good." In her attitude concerning separation or segregation, she was in the category that separation or segregation is sometimes wrong. An issue that she brought up was the safety of the persons with dementia and that only special settings would be able to insure that safety. Thus, she believes strongly that persons with dementia should generally be separated from the rest of the community

because they cannot safely live in the community. Finally, when it comes to her attitude concerning residents with dementia attending worship services, this respondent was in the category that “they like to come to church.” She gave no evidence which shows why or how she knows this but this was her opinion in the matter.

CHAPTER SIX

REFLECTIONS, SUMMARY, AND CONCLUSIONS

Conclusions

The first research question was “What is happening to the non-dementia residents when they worship with the Memory Support Unit residents?” Based on the research project results, this writer can come to a few conclusions about the matter. Overall, the experience of the non-dementia residents is not a negative experience when it comes to the presence of the Memory Support Unit residents during worship.

The general attitudes of those who were interviewed can be seen as negative attitudes towards those with dementia, especially with the words “feel sorry,” “I hope I’m never that way,” “terrible,” “worry about them,” and “it’s hard to deal with,” which account for more than half of the responses. The responses concerning learning about the process and compassion towards those with dementia, which were eight of the twenty-six responses, can at best be seen as neutral and only somewhat as positives. However, once the issue was introduced in the context of chapel worship services, there were far more positive attitudes than negative ones. Only four of the twenty-six responses could be categorized as negative, namely the issues of sleeping during the worship service and embarrassment for the worship leader. Twelve of the responses seem to be neutral, while the responses of “it’s helpful to them,” “it’s great,” “it’s good for the caregivers to see

moments of recognition,” and “they like to come to church,” representing ten of the twenty-six responses, are positive in nature. The conclusion of this writer in the matter of what is happening is that the spiritual setting of worship is something that enables the attitudes concerning those who have dementia to change from generally negative to generally positive.

The second research question was “What are the various ways that the non-dementia residents relate to and understand those at worship who are the Memory Support Residents?” The research has brought out that there are many of the non-dementia residents who reach out to old friends who are now Memory Support residents for greetings before and after worship services. Some go out of their way to sit with those old friends at worship services even though they have dementia now and do not relate to them at any other times during the week. Most have generally positive attitudes towards these residents. The finding of this writer in the matter of the relationships between the non-dementia residents and the Memory Support residents is that the presence of the Memory Support units enhances the worship service and setting.

The third research question was “What are patterns and links between the ways that non-dementia residents relate to and understand those at worship who are the Memory Support Residents?” The research has shown that one of the greatest links between residents who do not have dementia and those who do have memory loss is a friendship. This friendship can be from the past, it can be a long-standing relationship over many years, or it can be a new friendship since entry into common units at Bethany Village. The link of friendship is a strong one and it can bring about a continuing relationship with someone who has dementia. The pattern seems to be that those non-

dementia residents will not reach out to those who have dementia unless there is a previous relationship. The finding is that the link of friendship is an important factor in the acceptance of those with dementia in the setting of the worship service and possibly any other setting as well.

The conclusion which this writer draws concerning the first research question is that the non-dementia residents worship with the Memory Support Unit residents. This is more than just attending worship with the other residents but rather shows an ability to worship God in the presence of others who are different in their memory capabilities than they are. There is nothing in the research findings to suggest that the presence of these Memory Support Unit residents takes away any ability of the others to worship God during the time allotted for the worship service. In fact, as a result of the investigation into the second research question, the conclusion which this writer draws is that friendship between those non-dementia residents and the Memory Support Units residents may result in an enhancement of the worship service for the non-dementia residents. This friendship does not depend on the mental or memory status of either person, so just as any other person would have his or her worship experience enhanced by the presence of a friend physically near them at worship, thus also the non-dementia residents who are present at the Bethany Sunday morning chapel services would have their experienced enhanced because their friends are there with them.

The conclusions which this writer draws concerning the second research question deal with the issue of friendship and how someone can be a friend to another with memory loss. Indeed, the interviews have shown that even when someone does not remember the friend, the friend still remembers. This brings to mind the theology of

Alzheimer's disease as presented in Chapter Three, where despite the fact that humans cannot remember, God still remembers. With this great illustration of God's grace, reaching down to those who no longer can call upon God, we see that the gift of friendship enables some human beings in the setting of Bethany Village also to reach out to those who no longer can call out to them. The answer to the second research question is grounded in the many ways that friends reach out to others regardless of any disabilities which they may have.

Finally, in looking at the third research question, this writer concludes that the context of the chapel service allows for a sacred time which is celebrated by the non-dementia residents. The study also shows through the interviews that the time before worship and the time after worship are also considered sacred times for the persons involved. As a result of this sacred time and place, the residents are able to see beyond the differences of their friends and neighbors now in the Memory Support areas. All the residents coming together at the Sunday morning chapel services have created a new community of faith which suggests the acceptance of God is also found in the acceptance of other worshipers.

The recommendation that this writer will make to the administration of Bethany Village as a result of this study is that the practice of bringing the "Memory Support" residents to the Sunday morning chapel services should continue. This should happen even after a new facility is built for the "Memory Support" unit. A draft letter for this purpose is included in Appendix C.

Strengths

A strength of this study is the fact that it was done through a structured interview process in which multiple questions were asked. This enabled the respondents to develop a level of comfort with the researcher in the session so that answers were non-defensive and truthful. The strength of the listening and interviewing skills of the researcher, as a result of the skill set necessary for Board Certification in the Association of Professional Chaplains, also makes for non-defensive responses from those who were interviewed.

Another strength of this study is that a large number of the non-dementia residents who regularly attend worship were interviewed. Twenty six residents were interviewed and they represent approximately twenty five percent of the regular total worship attendance.

Limitations

A limitation of this study is that it was conducted at one facility which has a rather homogeneous population. The denominations of those who were interviewed were only mainline Christians and Roman Catholics. All of the residents who were interviewed were Caucasian and all of the respondents spoke English as their language of origin. All of the residents who were interviewed were American citizens and only one of those interviewed did not have a long residency in the Dayton metropolitan area. This one moved from Florida to be closer to his second wife's family in Dayton and had lived in Dayton only a few months before a stroke forced his move into the assisted living area at Bethany Village.

A further limitation of this study is that the interviewer was well-known to the respondents as the one who leads the worship services and preaches most Sunday mornings for the chapel services. As mentioned in Chapter Four concerning the impact of an active ministry upon the research, this means that those interviewed had a good idea of what the researcher would want them to say in their responses. This raises the question that the results may have reflected not so much the way the respondents actually felt but the way they felt they should answer to this interviewer.

Another limitation is that triangulation was not possible in this study. Only one method, the personal interview, was used to gather the data. This means that those who might have been more comfortable writing answers as part of a written survey, for example, did not have the opportunity to best respond.

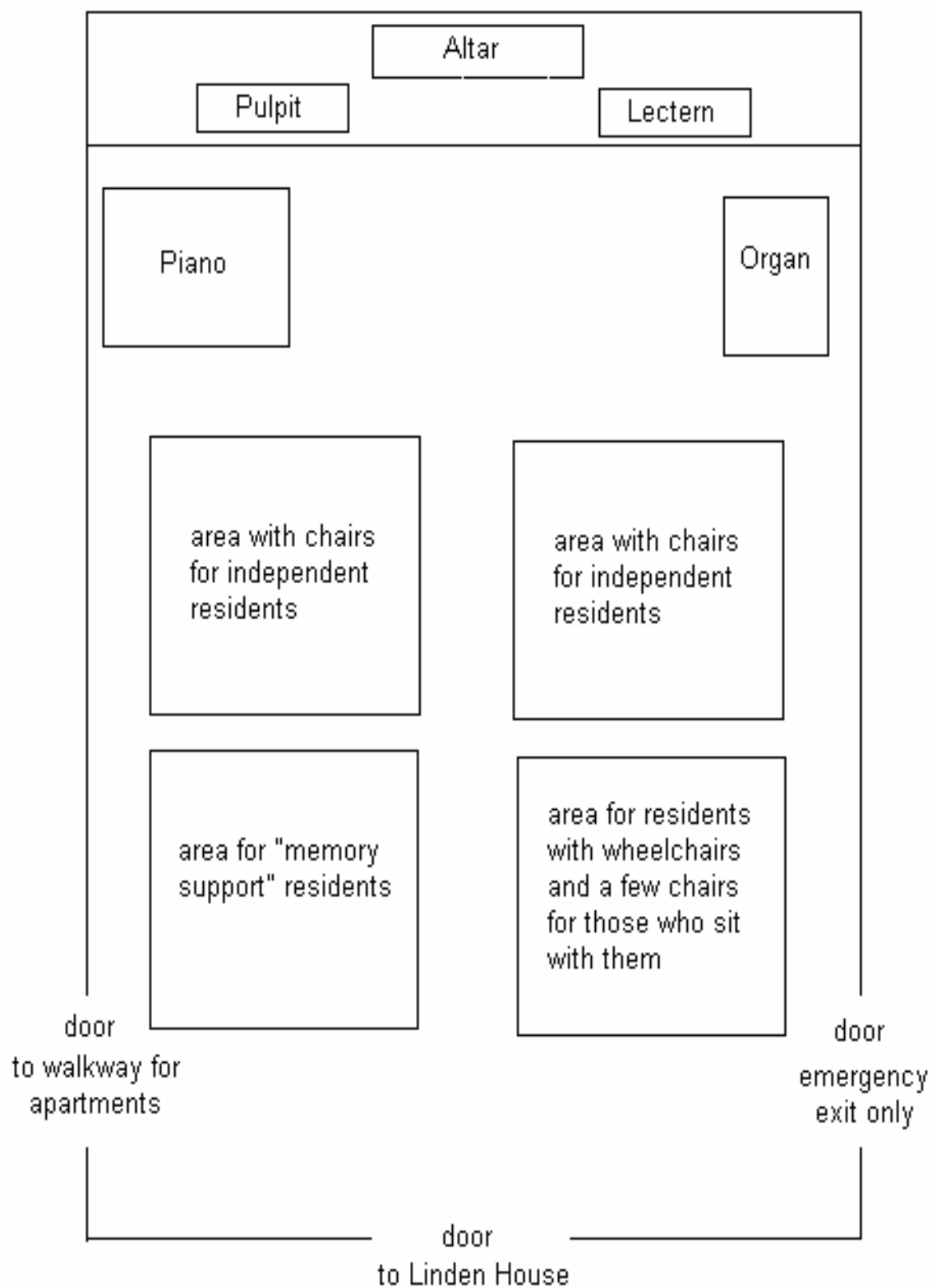
Recommendations for Future Research

Further questions to investigate in these matters are the following:

- (1) Is the acceptance of those dementia residents at worship due to a spiritual maturity?
- (2) If so, how did this maturity come about, through age or through experience with those who have dementia?
- (3) What areas of life other than worship would allow for the positives concerning dementia to come through?
- (4) What might these findings say about the design of facilities for older adults, particularly concerning chapel areas?

APPENDIX A

DIAGRAM OF WORSHIP FACILITY AT BETHANY VILLAGE



APPENDIX B

LETTER AND FORM USED TO INVITE AND OBTAIN PERMISSION OF INTERVIEWEES



January 2007

Dear Participant,

As part of my work in the United Theological Seminary doctoral program in Ministry to the Elderly, I am conducting a piece of action research into studying how I can better deal with the needs of all residents during our worship time together. I would be grateful if you would give your permission to participate in the project.

My data collection will consist of an interview with you about your opinions concerning those with dementia and also some matters about your own spirituality. You are not a subject in this research, but rather a participant who will help me change in my ministry actions. Those changes in my ministry actions are the subject of this research.

I would be appreciative if you would return this letter after filling out the bottom part, which grants permission to take part in my research. I am giving you two copies of this letter so that you may keep one for your own records.

Thank you.

Sincerely,

Rev. Robert E. Ashburn
Director of Pastoral Care

I, _____, give permission to Robert Ashburn for my participation in his action research project.

Signature _____

APPENDIX C

**LETTER OF RECOMMENDATION TO ADMINISTRATION
CONCERNING MEMORY SUPPORT RESIDENTS
ATTENDING SUNDAY MORNING WORSHIP**



August 20, 2007

Mr. Jason Miller, Administrator
Bethany Village
6451 Far Hills Avenue
Dayton, OH 45459

Dear Jason,

I am pleased to be able to report to you the results of the study which I undertook as part of my doctoral program at United Theological Seminary. As you know, this project was to investigate the effects of the presence of those with dementia at worship services upon those who do not have dementia as they are together. My conclusions are that those who do not have dementia generally have their worship experience enhanced by the presence of those with dementia and, when it is an old friend in that condition, the worship experience is very much enhanced by that old friend's presence.

My recommendation as we continue with the work of our Bethany Master Plan and the construction of a new Memory Support facility is that we continue to bring our Memory Support residents to worship in the chapel/auditorium for Sunday morning chapel services. I will work with you and the staff from our Memory Support facility to make this happen when our new facility is built.

Thank you for your support in this study process and in all the ministry that we do together here at Bethany.

Sincerely,

Rev. Robert E. Ashburn,
Director of Pastoral Care

APPENDIX D
DEFINITIONS

Alzheimer's disease: Alzheimer's disease is a progressive fatal illness that causes areas of the brain to shrink. The resulting symptoms start with memory loss and other cognitive deficits, advancing to major personality changes and eventual loss of control over bodily functions.

Continuing Care Retirement Center: A Continuing Care Retirement Center is a residential community for the remainder of one's life, with a choice of services and living situations. Seniors can move between Independent Living, Assisted Living, and Nursing Home Care based on changing needs at each point in time. One of the major advantages of a Continuing Care Retirement Center is the option to move between the available housing environments as one's needs change. Housing choices range from independent living to assisted living to a skilled nursing facility, all on the same property. Some Continuing Care Retirement Centers are in a high-rise building; others are on extensive campuses, such as Bethany Village in this project description. The Continuing Care Retirement Center model ensures that the senior stays in the same location as their needs change.

Dementia: Dementia refers to the loss of memory and other cognitive skills due to changes in the brain caused by disease or trauma. The changes can affect thinking, memory and reasoning, and may occur gradually or quickly. Memory loss alone is not always a sign of dementia, but memory loss along with other forms of cognitive impairment is an indicator that dementia may be occurring.

Spirituality: Spirituality is about being concerned with meaning and existence, that is, those things in life which are real but cannot be seen. Spirituality is greater than religion, but religion is what guides each person to ask those deep questions about life. Spirituality deals with the issues of any religion: faith, values, morals, and meanings.

Christian Spirituality: Christian Spirituality is any set of practices that expresses and nurtures faith in Jesus Christ. Often only narrowly identified with individual prayer, Christian Spirituality also includes that which is done in the community of faith, especially the worship setting.

Mature Spirituality: Mature Spirituality is what results when a person has gone through experiences of life that enable him or her to have a new perspective that limits neither God nor other persons.

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